

VOLUNTEER APPLICATION Hillsboro Public Library



Contact Information		
Name:	Today's date:	
Name you prefer to be called:	Birthday (mm/dd):	
Home phone:	Cell phone:	
Email:		

Name you prefer to be called:	Birthday	/ (mm/dd):		
Home phone: Cel	Il phone:			
Email:				
Mailing address: Ci				
Emergency Contact (required) We will use this information only in o				
Name:		o:		
Phone number(s):				
Experience, Education, and Employment				
Are you a student? ☐ Yes ☐ No School name:		Year or g	rade:	
Current employer:		□ Not en	nployed	☐ Retired
Do you have previous volunteer experience? ☐ Yes ☐ No				
Type of work:				
Have you ever volunteered at another library? ☐ Yes ☐ No				
Interests and Availability Why are you interested in volunteering at Hillsboro Public Library?				
Do you have any special skills, training, or interests that might apply	at the library?			
Language(s) spoken:				
Where would you prefer to volunteer? ☐ Main Library ☐ Shu	ite Park Branch			
What days and hours do you prefer to volunteer?				
	nonths □ One year □			
Are you required to perform service hours for another agency or org	ganization? Yes	No		
If yes, what agency/organization?		How many hours	?	
Do you have any health considerations that could affect what you ca				
about?				

Please list two people (non-relatives) who have knowledge of your cha	racter, experience, or ability.			
Name:	Relationship to you:			
Phone:	Email:			
Name:	Relationship to you:			
Phone:	Email:			
Background Information Have you ever been convicted of a crime?				
I declare that I have answered truthfully and have not knowingly withh understand that any omissions or misstatements on the application will if it becomes known after acceptance, my immediate dismissal from further of responsibility without any monetary compensation, and be subject to follow all library and volunteer policies and procedures and I understrepresent the library, as do paid staff members. By signing this application I agree to the above, and acknowledge that check may be performed.	Il result in my being eliminated from further consideration, or, or in their volunteer work. I agree to work within my assigned area to worker's compensation coverage while on the job. I agree stand that while working as a volunteer, I will also positively			
Signature:	Date:			
Parent's signature (required if applicant is under 18):				
Frequently Asked Questions Q: How old do I have to be to volunteer? A: To volunteer without a parent present, volunteers must be at least 1	14.			
Q: Is there a minimum time commitment for volunteering? A: We ask volunteers to make a minimum commitment of 2 hours per	week for 3 months.			
Q: How are volunteers selected?				

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A: First, fill out an application. We will contact you with information on current volunteer needs and opportunities to schedule a volunteer interview. If you are selected as a volunteer, we'll set up a time for orientation and training.

Q: How long does it take before I can start volunteering?

A: If we can match you to a current volunteer opening, it usually takes 1-3 weeks after your interview to get started.

If you have additional questions regarding this application or the Hillsboro Public Library volunteer program, contact Molly Brandt, Volunteer Services Coordinator at 503.615.3457 or molly.brandt@hillsboro-oregon.gov.